Clarifications Regarding Medicaid-Eligible Clients and Coverage of Services by Ryan White HIV/AIDS Program

Policy Clarification Notice (PCN) #13-01

Scope of Coverage

Ryan White Parts A, B, C, D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification reiterates HRSA policy regarding Ryan White HIV/AIDS Program (RWHAP) clients who are currently eligible for Medicaid or will become eligible for Medicaid beginning on or after January 1, 2014. The policies discussed below reflect long-standing RWHAP policy.

Background

By statute, RWHAP funds may not be used "for any item or service to the extent that payment has been made, or can reasonably be expected to be made..." by another payment source.[1] This means grantees must assure that subgrantees make reasonable efforts to secure non-RWHAP funds whenever possible for services to individual clients. Grantees and their subgrantees are expected to vigorously pursue Medicaid enrollment for individuals who are likely eligible for coverage, to seek payment from Medicaid when they provide a Medicaid-covered service for Medicaid beneficiaries, and to back-bill Medicaid for RWHAP-funded services provided for all Medicaid-eligible clients upon determination.[2,3] This is a continuation of current program policy, applying both to individuals who are eligible for traditional Medicaid and to those eligible for Alternative Benefit Plans as part of Medicaid expansion.

Instructions

Medicaid-Eligible Clients and Coverage of Services by Ryan White HIV/AIDS Program

RWHAP grantees must make every effort to enroll individuals in Medicaid if eligible. By law, RWHAP funds may be used to help individuals purchase and maintain health care coverage. Some RWHAP grantees may be currently paying for private health insurance for clients who were determined ineligible for Medicaid in the past. Many

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[1] *See* Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.
[2] *See* HIV/AIDS Bureau Policy Letter dated August 10, 2000. Available online at http://www.hab.hrsa.gov/manageyourgrant/files/medicaidnotice08102000.pdf.
[3] *See also* Policy Notice 10-02: Eligible Individuals & Allowable Uses of Funds for Discretely Defined Categories of Services. Issued April 8, 2010 and available online at http://www.hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html.

of these individuals may become "newly eligible" for Medicaid in states that choose to expand coverage under the Affordable Care Act. As such, RWHAP funds, including AIDS Drug Assistance Program (ADAP) funds, may not be used to continue to pay for private health insurance for "newly eligible" Medicaid clients.

However, once an individual is enrolled in Medicaid, RWHAP funds may be used to pay for any medically necessary services which Medicaid does not cover or where Medicaid coverage is limited in scope, as well as premiums, co-pays and deductibles if required. RWHAP funds will continue to cover other core medical services such as adult dental, vision, or enhanced adherence and prevention counseling services as a part of primary care if those services are not covered or are limited under Medicaid, even when those services are provided at the same visit as Medicaid-covered services.

Effective Date of Coverage

Medicaid coverage may start retroactively for up to 3 months prior to the month of application, if the individual would have been eligible during the retroactive period had he or she applied then.[4]   RWHAP services received between the retroactive date of coverage and the date the client is enrolled in Medicaid will need to be back-billed and reimbursed to the RWHAP.

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[4] *See* http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Eligibility.html.